

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Telemedicine	Policy No. 6028.02
Category:	Clinical	Date Adopted: 07/10/2020 Revision Date: 06/09/2021 Review Date: 05/23/2023
Reference:	HCA Contract with Great Rivers Behavioral Health Administrative Services Organization WAC 182-531-1730 Federation of State Medical Board's Model Policy for Telemedicine American Telemedicine Association RCW 74.09.325	

Policy:

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) recognizes that using telemedicine technologies in the delivery of behavioral health is critical for effective and meaningful service delivery in the Great Rivers BH-ASO Regional Service Area (RSA), and therefore will ensure:
 - 1.1.1. Telemedicine is available throughout the provider network in the RSA.
 - 1.1.2. That individuals are protected, regulatory challenges are handled, and safety concerns are managed appropriately throughout the implementation and monitoring of telemedicine.
 - 1.1.3. The health and well-being of individuals are maintained throughout the entire telemedicine appointment process.
- 1.2. Healthcare providers who engage in telemedicine should be guided by the following principles:
 - 1.2.1. Practices implemented should ensure patient-safety
 - 1.2.2. Communication methods utilized should be secure and effective
 - 1.2.3. Treatment options recommended should be appropriate and practical
 - 1.2.4. Mechanisms that allow for patient feedback should be in place
 - 1.2.5. Strategies should be taken to ensure patient satisfaction

Definitions

- 2.1. **Telehealth** is the provision of healthcare remotely by means of telecommunications technology.
- 2.2. **Telemedicine** is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services

that are within his or her scope of practice to a client at a site other than the site where the provider is located.

- 2.3. An **originating site** is the physical location of the client at the time the health care service is provided.
- 2.4. A **distant site** is the physical location of the health care professional providing the health care service.

PROCEDURE

- 3.1. Each Behavioral Health Agency (BHA) in Great Rivers BH-ASO's RSA must have a telemedicine policy that is reviewed at least annually and includes all of the elements outlined in this policy.
- 3.2. Licensure and Credentialing
 - 3.2.1. All BHAs must be appropriately licensed and/or certified to perform the services being performed through the telemedicine platform. Documentation of license and/or certification must be on file with Great Rivers BH-ASO.
 - 3.2.2. All providers must be appropriately credentialed or licensed by the Washington State Department of Health (DOH) for their scope of practice.
- 3.3. Informed Consent and Disclosures
 - 3.3.1. Prior to an initial telemedicine service, a telemedicine consent form must be provided to the individual and signed. The form must be placed in the client's clinical record. The consent form must be delivered in a manner which the individual can understand, using reasonable accommodations when necessary. BHAs may select the method for obtaining the consent (e.g. DocuSign, signatures on paper documentations).
 - 3.3.2. The consent form should include the following:
 - 3.3.2.1. The individual retains the option to refuse the telemedicine service at any time without affecting the right to future care or treatment and without risking the loss or withdraw of any benefit to which the individual would otherwise be entitled.
 - 3.3.2.2. Available alternative service/treatment options (including in-person services).
 - 3.3.2.3. The dissemination of any identifiable images or information from the telemedicine appointment to anyone, including researchers, will not occur without the written consent of the individual.
 - 3.3.2.4. The individual has the right to be informed of the parties who will be present at each end of the telemedicine appointment and the individual has the right to exclude anyone from either site (originating or distant sites).
 - 3.3.2.5. The individual will be referred to an appropriately trained staff, such as Crisis Hotline, Mobile Crisis Team, Designated

Crisis Responder (DCR), or 911, after or during the telemedicine appointment if an urgent need arises.

- 3.3.3. If an individual is under the age of 13, a parent/guardian must present the child for telemedicine services and sign the consent form unless otherwise exempted by State or Federal law. The parent/guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.
- 3.3.4. A copy of the informed consent should be placed in the individual's chart.
- 3.4. Evaluation and Treatment
 - 3.4.1. The standard of care for practicing telemedicine is the same as that of traditional behavioral health. Behavioral Health Agencies (BHAs) will ensure that evaluations, consultations, and prescribed treatments provided via telemedicine are all thoroughly documented in the patient's medical record or electronic health record (EHR).
 - 3.4.2. If, for any reason, a provider believes the evaluation, diagnosis, or treatment will be too complicated or inappropriate for telemedicine, the provider must request an in-person appointment before any medical advice or treatment is given.
- 3.5. Prescribing
 - 3.5.1. When prescribing via telemedicine, precautions should be taken to ensure individual safety in the absence of a traditional physical examination. Measures taken should guarantee individual safety through informed, accurate, and error-prevention practices.
 - 3.5.2. Caution should be exercised in prescribing medications that require close monitoring or that could lead to acute changes in an individual's condition, particularly if the individual is not in close proximity to the BHA or provider.
- 3.6. Continuity of Care
 - 3.6.1. Follow-up care should be readily available to the individual. If the individual-provider encounters are done exclusively using telemedicine, then all documentation must be accessible to the individual. Individuals may request that the information be provided to other healthcare providers, when necessary for continuity of care.
- 3.7. Referrals for Emergency Services
 - 3.7.1. BHAs practicing telemedicine must establish an emergency plan that can be implemented when the information obtained (via telemedicine) indicates that the individual requires a referral to emergency services (911, crisis hotline, mobile crisis team, and/or ITA investigation performed by a DCR).
 - 3.7.2. The provider must present the individual with the BHA's emergency plan and the plan should include a formal, written protocol that is appropriate

3.8. Medical Records

- 3.8.1. Appropriate documentation must appear in the individual's medical record to justify medical necessity for the level and/or type of service provided.
- 3.8.2. The medical records must indicate the services were rendered via telemedicine and include the correct encounter elements.
- 3.8.3. The medical record for telemedicine should be consistent with standards required for documentation for traditional in-office services. Medical records for telemedicine must include copies of all patient-related electronic communications, laboratory tests and results, evaluations and consultations, prescriptions, records of past care, treatment plans, progress notes, and other relevant documentation (see designated record set policy).

3.9. Privacy, Security, and Technology

- 3.9.1. All telemedicine activities must comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and all other applicable state and federal laws and regulations.
- 3.9.2. Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or provider and the individual. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission information. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.

3.10. Crisis Services

- 3.10.1. Crisis services may be delivered via telemedicine when and if it is in the best interest of the individual and, if necessary, for the safety of the staff involved.
- 3.10.2. Crisis services delivered via telemedicine, including video ITAs, must be consistent with all state and/or federal laws and regulations.

3.11. Authorization and Billing

- 3.11.1. For services requiring Great Rivers BH-ASO approval and/or authorization, telemedicine does not require a separate approval and/or authorization.
- 3.11.2. Great Rivers BH-ASO pays for services provided via telemedicine when:
 - 3.11.2.1. They are delivered via HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications), and
 - 3.11.2.2. The provider works within their scope of practice to provide a service to an individual.
- 3.11.3. When submitting a claim for a service that was rendered via telemedicine, BHAs must follow the Washington State Service Encounter

Report Instructions (SERI), all published guidance from Washington State Health Care Authority (HCA), and the American Medical Association (AMA).

MONITORING

- 4.1. Great Rivers BH-ASO will review this policy at least annually.
- 4.2. Great Rivers BH-ASO will monitor contractor compliance with this policy during annual contract compliance reviews.
- 4.3. Great Rivers BH-ASO will report on telemedicine compliance and telemedicine data at least annually.

POLICY SIGNATURE

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Trinidad I. Medina
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10/19/2023

Trinidad Medina,
Chief Executive Director

Date